

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 181-05		OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) Arctic Slope Native Association, Ltd., PO BOX 1232, Barrow, Alaska 99723					
4. Employer Identification Number 91-0873623		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) July 1, 2005		To: (Month, Day, Year) July 1, 2007		9. Period Covered by this Report From: (Month, Day, Year) January 1, 2007	
				To: (Month, Day, Year) March 31, 2007	
10. Transactions:		I Previously Reported		II This Period	
				III Cumulative	
a. Total outlays		\$2,677,210		\$531,027	
b. Recipient share of outlays		\$0		\$0	
c. Federal share of outlays		\$2,677,210		\$531,027	
d. Total unliquidated obligations				\$0	
e. Recipient share of unliquidated obligations				\$0	
f. Federal share of unliquidated obligations				\$0	
g. Total Federal share (Sum of lines c and f)				\$3,208,237	
h. Total Federal funds authorized for this funding period				\$5,970,000	
i. Unobligated balance of Federal funds (Line h minus line g)				\$2,761,763	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed			
		b. Rate 0% c. Base d. Total Amount e. Federal Share			
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.					
Typed or Printed Name and Title Sierk Hailtsma, Vice President of Finance				Telephone (Area code, number and extension) (907) 852-2762	
Signature of Authorized Certifying Official				Date Report Submitted April 30, 2007	

NSN 7540-01-218-4387

269-202

Standard Form 269A (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

ACCEPTED

ENTERED